BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

15311 - 2319

				• • • • • • • • • • • • • • • • • • • •							
CLAIMS AS			S FILED - PART ((Column 1)		(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			24				RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FE	E 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 4 minus 20=		• 4		X\$ 9=		OR	X\$18=	72
INDEPENDENT CLAIMS			9 minus 3 =				X40=		OR	X80=	80
MULTIPLE DEPENDENT CLAIM P			RESENT				+135=		OR	+270=	<u> </u>
* If the difference in column 1 is			less than zero, enter "0" in column 2			column 2	TOTAL		OR		862
	С	LAIMS AS A	MENDED - PART II (Column 2) (Column			(Column 3)	•	- ENTITY	OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	<u> </u> *	Minus	***		<u> </u>	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIM		+135=		OR	+270=	
							TOTA ADDIT. FE	- 1	OR	TOTAL ADDIT: FEE	
		(Column 1)			mn 2)	(Column 3)	,,,,,,,,,,				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	<u> -</u>	Minus	***		=	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR	+270=	
							TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	X\$ 9=	3	OR	X\$18=	ï.
	Independ nt	*	Minus	***		=	X40=	1.	1	X80=	
	FIRST PRESE	ENTATION OF M	ULTIPLE DEPENDEN		T CLAIN			<u> </u>	OR		
	If the entry in colu	ımn 1 is less than t	the entry in col	umn 2. writ	e "0" in ca	olumn 3.	+135=		OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If th "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If th "Highest Number Previously Paid F r" IN THIS SPACE is I ss than 3, enter "3." OR ADDIT. FEE										
	The "Highest Nur	mb r Previously Pa	id Fr" (Total o	or Independ	dent) is th	e highest numbe	r found in the	appropriate bo	ox in co	olumn 1.	